

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749265

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** SHEPHERD OF THE HILLS LUTHERAN CHURCH, INC.

**Current Principal Place of Business:**

37015 ORANGE VALLEY LANE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

37015 ORANGE VALLEY LANE  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:** 59-1908856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARTLE, LINDA  
4603 AUTUMN PALM DR  
ZEPHYRHILLS, FL 33542 US

**Name and Address of New Registered Agent:**

BORTON, EDWIN C  
13246 LEGENDS TRAIL  
DADE CITY, FL 33525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: EDWIN C. BORTON

04/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THIES, JACK  
Address: 13213 PALMILLA CIR  
City-St-Zip: DADE CITY, FL 33525

Title: VD ( ) Delete  
Name: EDWIN, BORTON  
Address: 13246 LEGENDS TRL  
City-St-Zip: DADE CITY, FL 33525

Title: SD ( ) Delete  
Name: HATFIELD, CAROL  
Address: 37345 VERO LANE  
City-St-Zip: DADE CITY, FL 33525

Title: TD ( ) Delete  
Name: BARTLE, LINDA  
Address: 4603 AUTUMN PALM DR  
City-St-Zip: ZEPHYRHILLS, FL 33542

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BORTON, EDWIN C  
Address: 13246 LEGENDS TRAIL  
City-St-Zip: DADE CITY, FL 33525

Title: VD (X) Change ( ) Addition  
Name: FRASIER, KELLY  
Address: 4628 SEABERG ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN C. BORTON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date